Informed Consent and Right to Refuse Medical Care

728.1 PURPOSE AND SCOPE

This policy recognizes that inmates have a right to make informed decisions regarding their health care. It establishes the conditions under which informed consent should be obtained prior to treatment, when medical care may proceed without consent, the documentation process for the refusal of medical care and the retention of refusal forms.

728.1.1 DEFINITIONS

Definitions related to this policy include:

Informed consent - The written agreement by an inmate to a treatment, examination or procedure. Consent is sought after the inmate has received the material facts about the nature, consequences and risks of the proposed treatment, the examination or procedure, the alternatives to the treatment and the prognosis if the proposed treatment is not undertaken, in a language understood by the inmate.

728.2 POLICY

It is the policy of this office that, generally, all health care examinations, treatments and procedures shall be conducted with the informed consent of the inmate. Exceptions may include emergencies, life-threatening conditions and public health matters.

728.3 INFORMED CONSENT

The qualified health care professional initiating treatment shall inform the inmate of the nature of the treatment and its possible side effects and risks, as well as the risks associated with not having the treatment.

For invasive procedures or any treatment where there is some risk to the inmate, informed consent is documented on a written form containing the signatures of the inmate and a health services staff witness.

A signed informed consent shall be obtained and witnessed by the prescribing Psychiatric NP for the initiation of psychotropic medication.

Appropriate arrangements shall be made to provide language translation services as needed before the inmate signs any informed consent form.

For minors and conservatees, the informed consent of a parent, guardian, or legal custodian applies where required by law. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment can be administered to an inmate.

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728.4 REFUSAL OF TREATMENT

When an inmate refuses medical, mental health, or dental treatment or medication, he/she shall be counseled regarding the necessity of the treatment/medication and the consequences of refusal. The inmate shall then be requested to sign a form acknowledging that he/she refused an examination and/or treatment.

The form shall be filled out completely by the qualified health care professional and include the inmate's name, booking number, treatment/medication refused, the risks or consequences of refusal, and the inmate’s mental status. The form must be signed by the inmate and a witness.

In the event that the inmate refuses to sign, a notation to this effect shall be documented on the inmate signature line. This shall require a signed acknowledgment by two witnesses.

Documentation regarding the inmate's mental status shall be noted in the medical record, along with a brief note describing the intervention of the qualified health care professional.

The completed form is to be placed in the inmate's medical record.

It is the responsibility of the qualified health care professional to refer all refusal forms to the contract medical provider.

Any time there is a concern about the decision-making capacity of the inmate, an evaluation shall be conducted, particularly if the refusal is for critical or acute care.

All refusals of psychotropic medication shall be referred to the contract medical provider or the authorized designee.

Any time an inmate refuses to take his/her medication, attend sick call or a scheduled medical appointment, a signed refusal must be obtained by the qualified health care professional.

The refusal form shall be a permanent part of the inmate's medical record.

The inmate may revoke his/her refusal at any time.

728.5 RECORDS

The Chief Deputy of Corrections or the authorized designee shall work with the contract medical provider to develop medical care consent and refusal forms and a system for retaining records in the inmate’s health file in accordance with established records retention schedules.

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